

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>XX</i>	<i>70821</i>	<i>1/10</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>01-24-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>Dm</i>	<i>72223</i>	<i>2-4-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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